State of California—Health and Human Services Agency
Department of Health Care Services

WILL LIGHTBOURNE
*DIRECTOR*

GAVIN NEWSOM
*GOVERNOR*

June 2, 2021

Tiffany Weisberg, MHA
Manager, CA Medi-Cal & State Sponsored Programs
KP Cal, LLC
3100 Thornton Avenue
Burbank, CA 91504

RE: Department of Health Care Services Medical Audit

Dear Ms. Weisberg:

The Department of Health Care Services (DHCS), Audits and Investigations Division conducted an on-site Medical Audit of KP Cal, LLC, a Managed Care Plan (MCP), from September 30, 2019 through October 11, 2019. The audit covered the period of September 1, 2018 through August 31, 2019.

On April 21, 2021, DHCS analyzed additional information regarding its Corrective Action Plan (CAP) in response to the report originally issued on January 17, 2020.

All items have been evaluated and DHCS accepts the MCP's submitted CAP. The CAP is hereby closed. Overall effectiveness of the CAP will continue to be assessed, as well as, to what extent the MCP has operationalized proposed corrective actions on the subsequent audits. The enclosed report will serve as DHCS' final response to the MCP's CAP.

Please be advised that in accordance with Health & Safety Code Section 1380(h) and the Public Records Act, the final report will become a public document and will be made available on the DHCS website and to the public upon request.

If you have any questions, feel free to contact me at (916) 345-7829 or Lyubov Poonka at (916) 345-7825.

Sincerely,

Michael Pank, Chief
Compliance Unit

Enclosures: Attachment A, CAP Response Form

cc: Marc Lewis, Contract Manager
Department of Health Care Services
Medi-Cal Managed Care Division
P.O. Box 997413, MS 4408
Sacramento, CA 95899-7413

**ATTACHMENT A**
**Corrective Action Plan Response Form**

**Plan:** KP Cal, LLC **Review Period:** 09/01/2018 – 08/31/2019

**Audit Type:** Medical Audit and State Supported Services **Onsite Review:** 09/30/2019 – 10/ 11/ 2019

MCPs are required to provide a CAP and respond to all documented deficiencies within 30 calendar days, unless an alternative timeframe is indicated in the letter. MCPs are required to submit the CAP in word format that will reduce turnaround time for DHCS to complete its review.

The CAP submission must include a written statement identifying the deficiency and describing the plan of action taken to correct the deficiency, and the operational results of that action. For deficiencies that require short-term corrective action, implementation should be completed within 30 calendar days. For deficiencies that require long-term corrective action or a period longer than 30 calendar days for implementation, the MCP must demonstrate it has taken remedial action and is making progress toward achieving an acceptable level of compliance. The MCP will be required to include the date when full compliance is expected to be achieved. **Policies and procedures submitted during the CAP process must still be sent to the MCP's Contract Manager for review and approval in accordance with existing requirements.**

DHCS will maintain close communication with the MCP throughout the CAP process and provide technical assistance to ensure the MCP provides sufficient documentation to correct deficiencies. Depending on the volume and complexity of deficiencies identified, DHCS may require the MCP to provide weekly updates, as applicable.

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| **1. Utilization Management** | | | | |
| 1.1.1 Financial Sanctions and Subcontractor Non-Compliance Reporting | The Plan's draft policy Subcontractual Relationships and Delegation Provisions Section, 5.4.3, specifies imposing corrective action and | • Kaiser NorCal FR_1 Submission | March 30, 2020 | **02/21/20** – The following documentation supports the MCP's efforts to correct this finding: |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| The Plan did not have any policies or procedures for imposing financial sanctions on its subcontractors and delegated entities. The Plan did not have any policies or procedures for reporting significant non-compliance, imposition of corrective action, or financial sanctions of its subcontractors and delegated entities to its DHCS Contract Manager within three business days.<br><br>**Sacramento GMC** | financial sanctions on Subcontractors upon discovery of non-compliance with the subcontract or other Medi-Cal requirements; Provisions Section 5.4.4, specifies reporting any significant instances of non-compliance, imposition of corrective actions, or financial sanctions pertaining to the Plan's obligations under the contract with DHCS to the MCOD contract manager within three business days of discovery or imposition.<br><br>The Plan's draft policy is in queue for final leadership approval. | | | - Updated P&P, "Subcontracting Relationships and Delegation" as evidence that the MCP has policies and procedures for imposing financial sanctions on its subcontractors and delegated entities. Section 5.4.3 of the updated P&P states, "KP will impose corrective action and financial sanctions on Subcontractors upon discovery of noncompliance with the subcontract or other Medi-Cal requirements." Section 5.4.4 of the updated P&P states, "KP will report any significant instances of non-compliance, imposition of corrective actions, or financial sanctions pertaining to their obligations under the contract with DHCS to the MCOD contract manager within three business days of discovery or imposition."<br><br>**This finding is closed.** |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| 1.1.2 - Communication of Subcontractor Requirements<br><br>The Plan did not have policies or procedures to communicate federal, state, contract, or DHCS requirements to its delegated entities and subcontractors.<br><br>**Sacramento GMC** | The Plan's draft policy Subcontractual Relationships and Delegation Provisions Section, 5.4.1, specifies the Plan is responsible for ensuring that Subcontractors and delegated entities comply with all applicable State and federal laws and regulations; contract requirements; reporting requirements; and other DHCS guidance including, but not limited to, APLs; Provisions Section, 5.4.2, specifies the Plan will communicate the requirements set forth in 5.4.1 to each Subcontractor and delegated entity.<br><br>The Plan's draft policy is in queue for final leadership approval. | • Kaiser NorCal FR_1 Submission | March 30, 2020 | **02/21/20** – The following documentation supports the MCP's efforts to correct this finding:<br><br>- Updated P&P, "Subcontracting Relationships and Delegation" as evidence that the MCP has policies and procedures to communicate federal, state, contract, or DHCS requirements to its delegated entities and subcontractors. Section 5.4.1 of this P&P states, "KP is responsible for ensuring that Subcontractors and delegated entities comply with all applicable State and federal laws and regulations; contract requirements; reporting requirements; and other DHCS guidance including, but not limited to, APLs." Section 5.4.2 of this P&P states, "KP will communicate the requirements set forth in 5.4.1 to each Subcontractor and delegated entity." |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | **This finding is closed.** |
| 1.2.1 - Prior Authorization Requests<br><br>The Plan did not notify members in writing of decisions to deny or modify PA requests for out-of-plan services. A chief physician discussed alternate treatment options with a requesting provider who subsequently might withdraw the PA and notify the member of the decision verbally.<br><br>**Sacramento GMC** | Revise existing Regional UM policy to include the definition of a withdrawal of a prior authorization (PA) except in instances of clear submission error or duplication. The Plan will no longer implement the Withdrawal NOA letter as noted in the Plans initial CAP response. A written notice will not be sent to the member when the requesting provider withdraws a prior authorization request due to clear submission error or duplication. In cases where a decision is being made on a prior authorization, the Plan will utilize the existing Modify or Denial letter NOA templates, which contains the appropriate appeal rights. | | 1. The Plan will submit a revised policy to DHCS after review/ approval by the following committees/ Workgroups:<br>• APICs for Outside Services on Feb. 26, 2020<br>• Resource Management Committee (RMC) March 24, 2020<br>• Quality Oversight Committee (QOC) April 8, 2020<br>• Socialize to all Health Plan and TPMG Tapestry Stakeholders by June 1, 2020.<br><br>2. The Plan will submit | **11/18/20** - The following additional documentation supports the MCP's efforts to correct this finding:<br><br>- Written response by the MCP (11/18/20) which explains that, "The Plan will no longer implement the Withdrawal NOA letter as noted in the Plans initial CAP response. A written notice will not be sent to the member when the requesting provider withdraws a prior authorization request due to clear submission error or duplication. In cases where a decision is being made on a prior authorization, the Plan will utilize the existing Modify or Denial letter NOA templates, which contains the appropriate appeal rights." In addition, revisions in the CAP |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | 1. Develop and implement a process based on the approved policy to identify incomplete or withdrawn referrals. | | a workflow document, job aid and system release notes to DHCS once developed/ implemented as follows:<br>• Manual Process: July 1, 2020<br>• System Solution: December 1, 2020 | response have been made by the MCP in the Action Taken and Implementation Date sections of the CAP for this finding.<br><br>**This finding is closed.** |
| 1.2.1 - Prior Authorization Requests<br><br>The Plan did not notify members in writing of decisions to deny or modify PA requests for outside services. A chief physician | Training was provided to UM decision makers on December 12, 2019. The training was conducted by Dr. William Cory. Included in the training was a discussion specific to cancellation of orders. Decision makers were notified that orders may only be cancelled on the following situations: | UM 1.2.1 Prior Authorization Requirements Training | December 12, 2019 | **09/16/20** – The following documentation supports the MCP's efforts to correct this finding:<br><br>- P&P, "SC.RUM.016 – Utilization Management Denial of Practitioner Requested Services" (10/21/19) which states, "Denial Notices will |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| discussed alternate treatment options with a requesting provider who subsequently might withdraw the PA and notify the member of the decision verbally.<br><br>**San Diego GMC** | 1. Member-initiated cancellation, OR<br>2. Referral Error | | | be issued whenever the health Plan modifies, delays, discontinues or reduces a service or item requested by a physician because of benefit coverage, exclusion or exhaustion of benefits or lack of medical necessity" (Section 5.3.1, page 8).<br><br>- PowerPoint training slide, "Cancelling of Order" (12/12/2019) and Microsoft Teams meeting notice as evidence that UM decision maker staff received training. Cancellation of orders are only allowed if initiated by a member or for referral error. All other situations will trigger the standard UM denial process and issuance of a Notice of Action (NOA) letter, as required by Policy SC.RUM.016.<br><br>- Written response by the MCP (09/16/20) which explains that, "SCAL Regional UM limits cancellations to two situations: |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | member-initiated and referral error by the requesting physician. KP has eliminated all other health plan cancellations or any other withdrawal that would require a member notification. KP affirms that these limitations on prior authorization cancellations or withdrawals align with the final audit report recommendation to revise the process to limit cancellations to, "…instances of clear submission error or duplication."<br><br>**This finding is closed.** |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| 1.2.2 - Transplant Process<br><br>The Plan required extensive medical assessment of members before referring them for transplant evaluation at centers of excellence. The Contract did not require establishing transplant suitability, only identification as a potential candidate for transplant, before member referral to a transplant center for evaluation.<br><br>**Sacramento GMC** | 1. Schedule a meeting with the Plan's Northern California key stakeholders and at least 1 Medi-Cal-approved COE from NCAL to be coordinated by the National Transplant Services (NTS) Team.<br><br>2. Revise the existing *"Regional UM P&P 4.0 Outside Medical Services and Second Opinion"* to demonstrate how the Plan and the Medi-Cal COEs will co-manage the organ transplant process to ensure that we are complying with the GMC SAC contractual requirements for 1.2.2 Transplant Process. | | 1. March 31, 2020.<br><br>2. April 15, 2020.<br><br>3. The Plan will submit a revised policy to DHCS after review/ approval by the following Peer Groups/ Committees:<br>a. APICs for Outside Services – electronic voting by April 22, 2020<br>b. Resource Management Committee (RMC) on April 28, 2020<br>c. Socialize the | **12/10/20** – MCQMD Policy Analysis and Evaluation:<br><br>Sacramento and San Diego GMC have similar processes for evaluating potential transplant candidates. Referrals are directed to an appropriate transplant board/committee for review, which if approved is referred to a Medi-Cal Center of Excellence (COE) for evaluation. The COE is responsible for making the final determination of the member's suitability for transplant.<br><br>The MCP's revised policy SC.RUM.001 (4/13/20) requires referring physicians to perform diagnostic consultation/evaluation with appropriate specialists to determine if the member is a potential transplant candidate. Discussions may also include organ specific case conferences. If deemed a |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | revised policy and process with the NCAL Transplant Community and the Other Key Stakeholders by May 31, 2020<br>d. Implement the new process by June 30, 2020<br>e. Quality Oversight Committee (QOC) on July 8, 2020* | potential transplant candidate, the member is referred to the COE and the COE makes the final decision.<br><br>The contract requires when a member is identified as a potential major organ transplant candidate, they are to be referred to a Medi-Cal approved transplant center; however, the contract is not specific about the identification and referral process.<br><br>In comparing MCP policies and procedures with Medi-Cal FFS policies, it has been determined that the MCP's policies are no more restrictive than FFS. While the MCP's policies do not identically align with FFS policies, the MCP's policies reflect current national guidelines and do not appear to conflict with Medi-Cal guidelines.<br><br>**This finding is closed.** |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| 1.2.2 - Transplant Process<br><br>The Plan required extensive medical assessment of members before referring them for transplant evaluation at centers of excellence. The Contract did not require establishing transplant suitability, only identification as a potential candidate for transplant, before member referral to a transplant center for evaluation.<br><br>**San Diego GMC** | Policy SC.RUM.001: Consultation, Referral, and 2nd Opinion Process was revised and will be sent for committee approval. | | The Plan will submit a copy of the revised policy to DHCS once reviewed/approved by the PLOT Committee and posted to the SCAL Policy Library by April 30, 2020. | **12/10/20** – MCQMD Policy Analysis and Evaluation:<br><br>Sacramento and San Diego GMC have similar processes for evaluating potential transplant candidates. Referrals are directed to an appropriate transplant board/committee for review, which if approved is referred to a Medi-Cal Center of Excellence (COE) for evaluation. The COE is responsible for making the final determination of the member's suitability for transplant.<br><br>The MCP's revised policy SC.RUM.001 (4/13/20) requires referring physicians to perform diagnostic consultation/evaluation with appropriate specialists to determine if the member is a potential transplant candidate. Discussions may also include organ specific case conferences. If deemed a |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | potential transplant candidate, the member is referred to the COE and the COE makes the final decision.<br><br>The contract requires when a member is identified as a potential major organ transplant candidate, they are to be referred to a Medi-Cal approved transplant center; however, the contract is not specific about the identification and referral process.<br><br>In comparing MCP policies and procedures with Medi-Cal FFS policies, it has been determined that the MCP's policies are no more restrictive than FFS. While the MCP's policies do not identically align with FFS policies, the MCP's policies reflect current national guidelines and do not appear to conflict with Medi-Cal guidelines.<br><br>**This finding is closed.** |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| 1.2.3 - Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services<br><br>The Plan did not provide EPSDT services when medically necessary to correct or ameliorate defects<br><br>**San Diego GMC** | KFHP submitted a draft policy to comply with the requirements of APL 19-010: Requirements of Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Member Under the Age of 21. This policy was approved by DHCS on October 22, 2019; KFHP is currently working through KFHP's internal policy review process to approve this policy.<br><br>KFHP respectfully maintains that the treatment decision in the 3 cases cited in this DHCS finding were clinically appropriate and aligned with current clinical guidance for Speech Therapy. KFHP conducted an extensive, unrestricted literature review to identify any tangible literature the need for, impact of, or effectiveness of maintenance therapy on outcomes, including but not limited to regression, in patients <21 years of age receiving EPSDT services. | UM 1.2.3 KP CAL LLC EPSDT P&P APPROVAL_DHCS_102319 | PLOT Committee approval and posting to SCAL Policy Library by June 30, 2020. | **04/21/21** – The following documentation supports the MCP's efforts to correct this finding:<br><br>-Policy SC.HPHO.050 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) was submitted to DHCS and approved on 10/22/19.<br><br>-Section 5.1 EPSDT Benefit Requirement indicate in part, MCP provides and covers all medically necessary EPSDT services…when services are determined to be medically necessary. The MCP does not impose service limitations on any EPSDT benefit other than medical necessity. A service is considered medically necessary if the service is necessary to correct or ameliorate defects and physical and mental illnesses and conditions discovered by screening services. |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | KFHP was unable to identify any published literature pointing to the necessity or effectiveness of maintenance therapy, as it pertains to speech therapy.<br><br>KFHP's decisions in the three cases highlighted in the DHCS finding align with current recommendations of the American Speech-Language-Hearing Association (ASHA), the nationally recognized organization for audiology and speech-language guidelines. The recommendations applied to the cases referenced in this finding aligned with the discharge criteria defined in ASHA's official policy statement on, "Admission/Discharge Criteria in Speech-Language Pathology".<br><br>In both Case 1 and case 5, it was determined that the child met the following discharge criteria recommended by ASHA.org: | | | -Per the audit report, services that maintain (i.e. support, sustain, or prevent from worsening) a child's health condition is also covered under the EPSDT benefit because they ameliorate a condition. The MCP opines under this definition maintenance would fall under the scope of amelioration if a particular service or treatment was deemed medically necessary to treat the child's condition.<br><br>-Per APL 19-010, a service need not be a cure to be covered under the EPSDT benefit. Services that maintain or improve a current health condition, "or make tolerable." Maintenance services are defined as services that sustain or support rather than those that cure or improve health problems.<br><br>-As the MCP's policy does not directly address the maintenance component as |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | • The goals and objectives of treatment have been met.<br>• The individual's communication abilities have become comparable to those of others of the same chronological age, gender, ethnicity, or cultural and linguistic background.<br><br>With regards to Case 4, the child previously received speech and language therapy at the frequency of 2 times per week. He had made significant progress with treatment at that frequency and was approaching abilities that were age appropriate and increased focus of treatment is to generalize these skills outside of the therapy room with a provided home program. As a result, the recommendation was to titrate the services to one time per week. The child continues to make significant progress toward his goals at this frequency. | | | outlined in the APL, DHCS will recommend further revision to the MCP's policy to include the maintenance component in the overall scope of the EPSDT benefit.<br><br>**This finding is closed.** |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | Furthermore, available guidance seems to support the course of treatment decided in these cases. The 2016 Social Security Administration Report on Speech and Language Disorders in Children states,<br><br>"Under the Medicaid EPSDT program, children under 21 who are enrolled in Medicaid must be provided appropriate preventive and specialty services for audiology and speech and language disorders (CMS, n.d.). This includes "diagnostic, screening, preventive, or corrective services provided by or under the direction of a speech and language pathologist or audiologist." Specifically, the EPSDT benefit provides coverage for<br>• The identification of children with speech or language impairments;<br>• Diagnosis and appraisal of | | | |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | specific speech or language impairments;<br>• Referral for medical or other professional attention necessary for rehabilitation of speech or language impairment;<br>• Provision of speech and language services; and<br>• Counseling and guidance of parents, children, and teachers (ASHA,n.d.).<br>(Section 3, p. 86)<br><br>Current ASHA guidance on treatment duration also supports KFHP's decisions in the selected cases. "Intervention extends long enough to accomplish stated objectives/ predicted outcomes and ends when there is no expectation for further benefit during the current developmental stage." (ASHA, 2004) | | | |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| 1.3.1 - Member Appeals<br><br>The Plan did not ensure the receipt, review, and resolution of all member appeals. A delegate's policy allowed processing appeals as provider appeals if the requesting provider did not indicate he/she was acting on behalf of a Plan GMC member, even when the appeal concerned a pre-service denial.<br><br>**Sacramento and San Diego GMC** | 1. Convened a meeting with the American Specialty Health Plan (ASHP) Team on February 12, 2020 and reviewed the findings of the DHCS Audit<br>2. ASH does not have stand-alone policies reflecting our non-delegated process for member appeals and grievances and/or provider and practitioner appeals and grievances. As outlined in Page 1 of CA UM 4, if ASH is not delegated for appeals and grievances, they would direct the appeal and grievances to the health plan to manage. The detailed steps of the process to direct the appeal and grievance to the health plan is outlined in the attached workflow.<br><br>3. During the Annual Delegation Oversight Audit of ASH, the Plan will review | Kaiser/ASH Standard Non delegated Workflow<br><br>ASH CA UM 4 Member Appeals and Grievances Revision 2 Medi-Cal Policy | 1 and 2 - The Plan will submit the ASH policy and workflow to the following Peer Groups/Committees for review/approval:<br>• Member Services Appeals & Grievances by March 2020.<br>• GMC SAC Quality Oversight Committee by March 2020.<br>• Resource Management Committee (RMC) on March 24, 2020<br>• Quality Oversight Committee (QOC) on July 8, 2020*<br>*Next reporting cycle<br>• SCAL Regional Utilization Management Committee<br><br>3. Annually | **02/21/20-** The following documentation supports the MCP's efforts to correct this finding:<br><br>**-** Desktop Procedure, "American Specialty Health (ASH) Non-Delegation of Member Appeals Process Flow Chart" serves as evidence of the MCP ensuring all member appeals are monitored. The MCP works closely with their delegated entity in this process, ASH to manage appeals. If the MCP or ASH receives an appeal for a member, each entity will share the information and ensure correct labeling - ASH receives member appeals, ASH forwards these to the MCP and utilizes the flow chart.<br><br>ASH will compile all information that is relevant in the appeal to provide to the MCP with any additional |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | the Non-Delegated Policies and Workflows to ensure it is current practice and in compliance with APL 17-006. | | | supporting recommendation to resolve the appeal. The MCP makes all final determinations and notifies the member.<br><br>ASH handles provider appeals and the MCP handles member appeals. The flow chart has a designated timeline to assist with completion.<br><br>-Updated P & P, "CA UM 4 Revision 2 MediCal- Member Appeals and Grievances" (10/27/17) is evidence of the appeal and grievance process that has been established by ASH, the entity that works directly with the MCP. ASH has a multiple components that make up the oversight that conducts routine reviews to identify any developing patterns. This oversight involves: The Chief Operations Officer (COO), Chief Health Services Officer (CHSO), and the Board of |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | Directors that works in conjunction with the two to oversee the clinical trends. The CHSO assist with providing corporate review to appeals and grievance processes. (page 1)<br><br>**04/23/20-** The following documentation supports the MCP's efforts to correct this finding:<br><br>DHCS provided MCP with technical assistance regarding delegate's website that directed providers a member's portal in order to obtain appeal forms if they were appealing on a member's behalf. It was recommended that the portal be updated to include appeal forms.<br><br>**This finding is closed** |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| 1.3.2 - Appeals of Non-Covered Benefits<br><br>The Plan did not ensure health care professionals with clinical expertise decided appeals. Non-clinical staff resolved appeals containing clinical issues, and which were for services the Plan had previously denied for not a covered benefit.<br><br>**Sacramento GMC** | To remediate this deficiency, the Plan will conduct a focused training and a process change to instruct and provide tools to non-clinical staff to have the appeals of benefit denials reviewed by a clinician to determine whether or not clinical issues are present and thus require clinical decision making by the designated Member Issue Resolution Committee. | | The Plan will submit supporting documentation from the focused training to DHCS following its deployment by March 15, 2020. | **03/24/20-** The following documentation supports the MCP's efforts to correct this finding:<br><br>- 2019 CA DHCS Audit CAP Training, Activity Report Roster and DHCS Assessment Results (03/2020) is evidence that the MCP is providing training to the non-clinical member relations team. The training materials address a detailed investigation process into member's grievances, resolution letter guidelines, Investigational practices that involved the member relations clinical consultant team, as well as grievance resolution finding.<br><br>The training also integrates the necessary clinical expertise in multiple areas of the process and where error may have occurred in the past and how to overcome this in the future. This outline |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | will also be followed by operational teams and case processors. The new workflows will be followed by the frontline staff, while the clinical staff is aware of this update they are able to proceed in their positions with their resources and medical expertise to confirm all appeals are reviewed by proper staff.<br><br>**This finding is closed.** |
| 1.3.2 - Appeals of Non-Covered Benefits<br><br>The Plan did not ensure health care professionals with clinical expertise decided appeals. Non-clinical staff resolved appeals containing clinical issues, and which were for services the Plan had previously denied for not a | To remediate this deficiency, the Plan will conduct a focused training and a process change to instruct and provide tools to non-clinical staff to have the appeals of benefit denials reviewed by a clinician to determine whether or not clinical issues are present and thus require clinical decision making by the designated Member Issue Resolution Committee. | | The Plan will submit supporting documentation from the focused training to DHCS following its deployment by March 15, 2020. | **03/24/20** - The following documentation supports the MCP's efforts to correct this finding:<br><br>- 2019 CA DHCS Audit CAP Training, Activity Report Roster and DHCS Assessment Results (03/2020) is evidence that the MCP is providing training to the non-clinical member relations team. The training materials address a detailed investigation process into |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| covered benefit.<br><br>**San Diego GMC** | | | | member's grievances, resolution letter guidelines, Investigational practices that involved the member relations clinical consultant team, as well as grievance resolution finding.<br><br>The training also integrates the necessary clinical expertise in multiple areas of the process and where error may have occurred in the past and how to overcome this in the future. This outline will also be followed by operational teams and case processors. The new workflows will be followed by the frontline staff, while the clinical staff is aware of this update they are able to proceed in their positions with their resources and medical expertise to confirm all appeals are reviewed by proper staff.<br><br>**This finding is closed** |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| 1.4.1 - Primary Care Outpatient Mental Health Services<br><br>The Plan's program description does not identify what mental health services primary care providers may perform.<br><br>The Plan did not maintain policies and procedures that define and describe what services are to be provided by primary care physicians in regards to outpatient mental health services.<br><br>**Sacramento GMC** | The Plan submitted a P&P to fulfill the contractual requirements related to primary care outpatient mental health services. The P&P describes the outpatient mental health services the primary care and mental health care providers may perform.<br><br>The requested evidence that the Behavioral Health Program Description mentioned in the audit has been updated as well. | Outpatient Mental Health Services within Scope of Practice of Primary Care and Mental Health Care Providers<br><br>BH Program Description 2020 Final Document 8.2.20 | | **06/02/20** -The following documentation supports the MCP's efforts to correct this finding:<br><br>-Final policy, Outpatient Mental Health Services within Scope of Practice of Primary Care and Mental Health Care Providers. Revision date (5/19/2020) that defines and describes services to be provided by primary care physicians in regards to mental health.<br><br>-Updated Kaiser Permanente Northern CA (KPNC) Behavioral Health Care Program Description (2020) that identifies what outpatient mental health services primary care providers can perform.<br><br>**This finding is closed** |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| 1.4.1 - Primary Care Outpatient Mental Health Services<br><br>The Plan did not maintain policies and procedures that define and describe what services are to be provided by primary care physicians in regards to outpatient mental health services.<br><br>The Behavioral Health Program Description did not define which practitioners can perform these services.<br><br>**San Diego GMC** | The Plan submitted a P&P to fulfill the contractual requirements related to primary care outpatient mental health services. The P&P describes the outpatient mental health services the primary care and mental health care providers may perform.<br><br>The requested evidence that the Behavioral Health Program Description mentioned in the audit has been updated as well. | Outpatient Mental Health Policy FINAL DRAFT_5.18.20<br><br>CAF 1.4.1 2020 BHC Program Description | | **06/02/20 -** The following documentation supports the MCP's efforts to correct this finding:<br><br>-Updated policy, Outpatient Mental Health Services within Scope of Practice of Primary Care and Mental Health Care Providers final revision (5/19/20) that defines and describes services to be provided by primary care physicians in regards to mental health.<br><br>-Updated Kaiser Permanente Northern CA (KPNC) Behavioral Health Care Program Description (2020) that identifies what outpatient mental health services primary care providers can perform.<br><br>**This finding is closed** |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| 1.4.2 - Specialty Mental Health Services<br><br>The Plan did not maintain policies and procedures that ensure member referral to specialty mental health services with an appropriate mental health provider or the county mental health plan.<br><br>**Sacramento GMC** | The Plan submitted a P&P to fulfill the contractual requirements related to the referral process to Specialty Mental Health Services. | NCAL DHCS_Audit 1.4.2 Specialty Mental Health Services Policy FINAL CLEAN 10.28.20 | The policy is undergoing stakeholder review and has to go thru the designated regional policy committees for final approval. | **10/21/20** - The following documentation supports the MCP's efforts to correct this finding:<br><br>-Updated policy, Specialty Mental Health Services (NCAL) that describes the MCP's responsibility to ensure Medi-Cal members who require specialty mental health are referred to or provided with medically necessary mental health services by appropriate mental health provider or county MHP.<br><br>**This finding is closed** |
| 1.4.2 - Specialty Mental Health Services<br><br>The Plan did not maintain policies and procedures that ensure member referral to specialty mental health services with an appropriate | The Plan submitted a P&P to fulfill the contractual requirements related to the referral process to Specialty Mental Health Services. | SCAL Specialty Mental Health Services Policy Final Draft Reviewed by Lega Clean 10.27.20 | The policy is undergoing stakeholder review and has to go thru the designated regional policy committees for final approval. | **10/21/20** - The following documentation supports the MCP's efforts to correct this finding:<br><br>-Updated policy, Specialty Mental Health Services (SCAL) that describes the MCP's responsibility to ensure Medi-Cal members who require specialty mental health |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| mental health provider or the county mental health plan.<br><br>**San Diego GMC** | | | | are referred to or provided with medically necessary mental health services by appropriate mental health provider or county MHP.<br><br>**This finding is closed** |
| 1.4.3 - Evidence of Coverage<br><br>The Plan did not inform members of all carved out (services available to members that are not covered by the Plan) specialty mental health services. The Plan's Evidence of Coverage (EOC) document did not inform members of the availability of intensive care coordination, intensive home-based services, and therapeutic foster care services through the county. | The Plan revised its Northern California GMC EOC disclosure for the 2020 plan year to clarify the differences in coverage for specialty mental health services between Sacramento County and the other counties. The Plan submitted its revised disclosure to its Contract Manager during the course of DHCS' review and approval of the 2020 EOC. The DHCS Contract Compliance and Operations Unit approved the Plan's 2020 EOC, with the revised disclosure of specialty mental health services on January 30, 2020. The Plan's revised EOC and the DHCS approval are included under "Supporting documentation." | • 2020 GMC NCAL EOC<br>• KP Cal LLC NCAL EOC Approval | January 1, 2020 | **02/21/20** – The following documentation supports the MCP's efforts to correct this finding:<br><br>"2020 GMC NCAL EOC" – Has been updated to reflect coverage for specialty mental health services for Sacramento County and other counties.<br>Under the heading, *"What Kaiser Permanente Does Not Cover"* subheading, *"Services You Can Get Through Fee-For-Service (FFS) Medi-Cal,* sub-subheading, *Specialty mental health services for members in Amador, El Dorado, and Placer Counties,* it states, "County mental health plans provide specialty |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| **Sacramento GMC** | Under the heading of Mental Health Services, the Plan has added the following disclosure:<br><br>Specialty mental health services for Amador, El Dorado, and Placer County Members.<br><br>We do not cover specialty mental health services for members in Amador, El Dorado, and Placer counties. For information on specialty mental health services available to members in Amador, El Dorado, and Placer Counties, please see "Services you can get through Fee-for-Service (FFS) Medi-Cal" under the "What Kaiser Permanente does not cover" heading later in this chapter.<br><br>Specialty mental health services for Sacramento | | | mental health services (SMHS) to Medi-Cal Members who meet medical necessity rules in Amador, El Dorado, and Placer Counties. SMHS may include these outpatient, residential and inpatient services:<br>Outpatient services: which now includes (Page 68):<br>• Intensive care coordination (ICC)<br>• Intensive home-based services (IHBS)<br>• Therapeutic foster care (TFC)<br><br>*Under Specialty mental health services for Sacramento County Members (Page 45 & 46), it states, "The following* additional specialty mental health services are available through Sacramento County. If you need the services listed below, your Kaiser Permanente<br>provider will refer you to a county mental health plan |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | County Members<br><br>For Members who live in Sacramento County, Kaiser Permanente provides SMHS. You must get SMHS from Kaiser Permanente network providers. For help finding more information on mental health services provided by Kaiser Permanente you can call 1-800-464-4000 (TTY 711)<br><br>The Plan has also clarified that members can receive certain services through Sacramento County<br><br>The following additional specialty mental health services are available through Sacramento County. If you need the services listed below, your Kaiser Permanente provider will refer you to | | | provider:<br>• Intensive care coordination (ICC)<br>• Intensive home-based services (IHBS)<br>• Therapeutic foster care (TFC)<br><br>**This finding is closed.** |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | a county mental health plan provider:<br><br>Intensive care coordination (ICC)<br><br>Intensive home-based services (IHBS)<br><br>Therapeutic foster care (TFC)<br><br>Under the heading of "Services you can get through Fee-for-Service (FFS) Medi-Cal", the Plan has added information about the specialty mental health services that are available through county mental health plans for members who live in El Dorado, Amador, and Placer counties. | | | |
| 1.4.4 - Alcohol Misuse Screenings<br><br>The Plan did not maintain policies that ensure that providers in primary care | The Plan developed Policy SC.HPHO.036 Alcohol Misuse Screening and Counseling Services, which was formally approved on October 28, 2019. | UM 1.4.4 SC.HPHO.036 AMSC Services Policy | October 28, 2019 | **02/21/20** - The following documentation supports the MCP's efforts to correct this finding:<br><br>- Policy SC.HPHO.36 Alcohol Misuse Screening and |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| settings offer and document alcohol misuse screening services.<br><br>**San Diego GMC** | | | | Counseling Services was developed by the MCP with an effective date of 10/28/19. The new policy ensures that providers in primary care settings ensure adult members are screened annually for alcohol misuse and that additional screenings are provided when medically necessary. Designated providers are to maintain documentation of the IHEBA and expanded screening.<br><br>**This finding is closed.** |
| **2. Case Management and Coordination of Care** | | | | |
| 2.4.1 - Physician Certification Statement (PCS)<br><br>The Plan did not use a DHCS-approved Physician Certification Statement (PCS) form or have a mechanism to capture and submit data from the PCS | Please refer to the CAF 2.4.1 PCS CAP Statement (CAF 2.4.1_Physician Certification Statement _Final for Submission_v3) and the supporting documents. | • CAF 2.4.1 Attachment A – DHCS PCS Form Crosswalk to VectorCare Data Fields<br>• VectorCare Summary View (NCAL: | N/A | **02/21/20** - The following documentation supports the MCP's efforts to correct this finding:<br><br>- DHCS PCS Form Elements and VectorCare Crosswalk. The crosswalk lists the required components of a DHCS PCS form and matches them to the corresponding |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| form. Transportation records did not contain physical and medical limitations of members, dates of service needed, mode of transportation, or a physician certification statement of medical necessity.<br><br>**Sacramento GMC** | | Member: L. Dinh)<br>• VectorCare Detail View (NCAL: Member L. Dinh)<br>• Kaiser Permanente Health Connect (KPHC) Authorization (NCAL: Member L. Dinh) | | VectorCare data elements. The data elements from VectoreCare match the required DHCS PCS form elements.<br><br>- Example VectorCare summary and detailed view of NCAL member. The detailed view contains, physical and medical limitations of members, dates of service needed, mode of transportation, or a physician certification statement of medical necessity.<br><br>**11/11/20** - The following additional documentation supports the MCP's efforts to correct this finding:<br><br>- Example of monthly report that the MCP sends to DHCS serves as evidence the MCP has mechanism in place to capture data from VectorCare and submit to DHCS.<br><br>**12/02/20** - The following |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | additional documentation supports the MCP's efforts to correct this finding:<br><br>- The MCP's NMT and NEMT policy confirm the MCP authorizes the lowest cost type of NEMT transportation that is adequate for the Member's medical needs.<br><br>**This finding is closed.** |
| 2.4.1 - Physician Certification Statement (PCS)<br><br>The Plan did not use a DHCS-approved Physician Certification Statement (PCS) form or have a mechanism to capture and submit data from the PCS form. Transportation records did not contain physical and medical limitations of members, dates of service needed, mode | Please refer to the CAF 2.4.1 PCS CAP Statement (CAF 2.4.1_Physician Certification Statement _Final for Submission_v3) and the supporting documents. | • CAF 2.4.1 Attachment A – DHCS PCS Form Crosswalk to VectorCare Data Fields<br>• Sample SCAL Summary View - VectorCare – Chandler, Christian<br>• Sample SCAL Detail | N/A | **02/21/20** - The following documentation supports the MCP's efforts to correct this finding:<br><br>- DHCS PCS Form Elements and VectorCare Crosswalk. The crosswalk lists the required components of a DHCS PCS form and matches them to the corresponding VectorCare data elements. The data elements from VectoreCare match the required DHCS PCS form elements. |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| of transportation, or a physician certification statement of medical necessity.<br><br>**San Diego GMC** | | View - VectorCare Trip – Chandler, Christian<br>• Sample SCAL Member Physician Order - Chandler, Christian KPHC | | - Example VectorCare summary and detailed view of SCAL member. The detailed view contains, physical and medical limitations of members, dates of service needed, mode of transportation, or a physician certification statement of medical necessity.<br><br>**11/11/20** - The following additional documentation supports the MCP's efforts to correct this finding:<br><br>- Example of monthly report that the MCP sends to DHCS serves as evidence the MCP has mechanism in place to capture data from VectorCare and submit to DHCS.<br><br>**2/2/20** - The following additional documentation supports the MCP's efforts to correct this finding:<br><br>- The MCP's NMT and NEMT policy confirm the MCP |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | authorizes the lowest cost type of NEMT transportation that is adequate for the Member's medical needs.<br><br>**This finding is closed.** |
| **3. Access and Availability of Care** | | | | |
| 3.1.1 Printed Provider Directory<br><br>The Plan did not maintain a DHCS approved printed provider directory available to members.<br><br>**Sacramento and San Diego GMC** | The Plan has approved print provider directories for its Geographic Managed Care (GMC) Sacramento and GMC San Diego service areas.<br><br>The Plan received a DHCS Provider Directory CAP on September 5, 2019 regarding physical accessibility information for contracted/affiliate service locations, to which the Plan responded on October 7, 2019. The Plan received follow up DHCS requests on October 15, 2019 to which it responded on October 29, 2019 and December 9, 2019. DHCS approved the Plan's September 5, 2019 Provider Directory CAP on October 31, 2019 and on | 10/31/19 DHCS CAP Approval Letter<br><br>12/5/19 DHCS email confirmation | October 31, 2019 | **02/21/20** - The following documentation supports the MCP's efforts to correct this finding:<br><br>DHCS placed MCP on corrective action for failure to comply with its contractual obligations to submit a provider directory that met all federal and state law requirements.<br><br>- CAP Approval Letter dated 10/31/19 and email confirmation dated 12/5/19 serves as evidence the MCP has a DHCS approved printed provider directory.<br><br>**This finding is closed.** |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | December 5, 2019, the Plan received written DHCS confirmation that its October 31, 2019 CAP Approval also serves as approval of the directories themselves. The Plan's directories (and accompanying Excel reports) are being uploaded to DHCS's Provider Directory Portal, since being granted access on January 2, 2020. | | | |
| 3.3.1 - Family Planning Claims<br><br>The Plan paid non-contracted family planning claims at an amount less than the Medi-Cal Fee-For-Service rate. The Plan inappropriately denied family planning claims when diagnosis codes associated with family planning claims were not found in the Plan's claim system.<br><br>**Sacramento GMC** | The following actions were completed to ensure appropriate adjudication of non-contracted family planning claims:<br><br>• A system enhancement was requested to ensure all family planning codes are paid without an authorization. The target date for deployment is Q2 2020.<br>• In the interim, a Control Report for Family Planning Claims is in production and reviewed daily. Claims are quality reviewed to avoid | Control Report for Family Planning Claims | • System enhancement to ensure all family planning codes identified as missing are loaded into the system is tentatively slated to occur by June 30, 2020.<br>• Control Report is currently in production. | **02/21/20** - The following documentation supports the MCP's efforts to correct this finding:<br><br>- Daily Family Planning Control Report submitted by the MCP is used daily to review family planning claims for inappropriate denials until the system enhancement that ensures all family planning codes are paid without authorization is ready for deployment.<br><br>**03/24/20** - The following additional documentation |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | inappropriate denials. | | | supports the MCP's efforts to correct this finding:<br><br>Email communication from 3/24/20, MCP confirms system enhancement is on track for Q2 2020 deployment.<br><br>- Daily Family Planning Control report from 3/18/20 demonstrates the MCP is continuing to use these reports to monitor family planning claims for inappropriate denials until the system enhancement is in place.<br><br>**07/27/20** - The following additional documentation supports the MCP's efforts to correct this finding:<br><br>- Email communication from 7/27/20, MCP confirmed that the system fix to ensure all family planning codes identified as missing are loaded into the system was deployed 4/29/20. |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | **This finding is closed.** |
| 3.4.1 - Monitoring Emergency Medication Supply<br><br>The Plan did not have policies and procedures that described its procedures to monitor the provision of emergency medications in sufficient quantity. In response to a DHCS questionnaire, the Plan reported it did not monitor medication dispensed in an emergency.<br><br>**Sacramento and San Diego GMC** | The attached policy is being submitted to MCQMD for review, Processing Prescriptions for Medi-Cal Patients (Policy # CAPHARM 3.0.7). The Plan's process has always been to ensure access to (at least) a 72-hour supply of covered outpatient drugs in an emergency. The process was just not formalized in policy. | Final policy attached (CAPHARM 3.0.7). | N/A | **02/21/20** – The following documentation supports the MCP's efforts to correct this deficiency:<br><br>- Revised P&P, CAPHARM.3.0.7 (09/2020) has been revised to ensure the provision of at least a 72-hour supply of medically necessary, covered outpatient drugs prescribed in an emergency situation. Further MCP will monitor reports to ensure there are no member access issues with regards to the 72 hour emergency supply of a covered outpatient drug.<br><br>- Sample Monitoring Reports, "Emergency 3 Day Supply, 03 & 04/2020 as evidence of the MCP's monthly monitoring efforts to ensure there are no member access issues regarding the 72 hour emergency supply of covered |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | outpatient drug.<br><br>**This finding is closed.** |
| **4. Member Rights** | | | | |
| 4.1.1 – Grievance Resolution<br><br>The Plan closed cases without addressing and resolving all issues in a member's grievance. The Plan did not investigate or only partially investigated and resolved grievances<br><br>**Sacramento GMC** | To remediate this deficiency, the Plan will conduct a focused training plan to reinforce expectations with respect to the investigative process. Effective March 15, 2020, staff will be instructed to send Investigative Reviews and obtain responses from the appropriate supervisory staff to adequately investigate and resolve member concerns as required in APL 17-006. | | The Plan will submit supporting documentation from the focused training to DHCS following its deployment by March 15, 2020. | **04/10/20**- The following documentation supports the MCP's efforts to correct this finding:<br><br>- 2019 CA DHCS Audit CAP Training, Activity Report Roster and DHCS Assessment Results (03/2020) is evidence that the MCP is providing training to the non-clinical member relations team. The training materials address a detailed investigation process into member's grievances, resolution letter guidelines, Investigational practices that involved the member relations clinical consultant team, as well as grievance resolution finding. |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | The training also integrates the necessary clinical expertise in multiple areas of the process and where error may have occurred in the past and how to overcome this in the future. This outline will also be followed by operational teams and case processors. The new workflows will be followed by the frontline staff, while the clinical staff is aware of this update they are able to proceed in their positions with their resources and medical expertise to confirm all appeals are reviewed by proper staff.<br><br>- An email (04/30/20) which includes a description of the MCP's monthly internal monitoring process. "A monthly internal monitoring platform has been established to review cases on an ongoing basis to ensure a complete |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | investigation is conducted. Our monthly monitoring against this new process will begin 05/01/20 for grievances resolved in the preceding month".<br><br>**10/14/20** – The following additional documentation submitted supports the MCP'' efforts to correct this deficiency:<br><br>- Checklist, "National Quality Assurance/Members Relations Grievances & Appeals/Medi-Cal Checklist Criteria", (01/01/20) criteria used to monitor on a monthly basis, a sample of Medi-Cal grievance & appeal cases to ensure that all issues are addressed and resolved in a member's grievance.<br><br>**This finding is closed** |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| 4.1.1 – Grievance Resolution<br><br>The Plan closed cases without addressing and resolving all issues in a member's grievance. The Plan did not investigate or only partially investigated and resolved grievances<br><br>**San Diego GMC** | To remediate this deficiency, the Plan will conduct a focused training plan to reinforce expectations with respect to the investigative process. Effective March 15, 2020, staff will be instructed to send Investigative Reviews and obtain responses from the appropriate supervisory staff to adequately investigate and resolve member concerns as required in APL 17-006. | | The Plan will submit supporting documentation from the focused training to DHCS following its deployment by March 15, 2020. | **04/10/20-** The following documentation supports the MCP's efforts to correct this finding:<br><br>- 2019 CA DHCS Audit CAP Training, Activity Report Roster and DHCS Assessment Results (03/2020) is evidence that the MCP is providing training to the non-clinical member relations team. The training materials address a detailed investigation process into member's grievances, resolution letter guidelines, Investigational practices that involved the member relations clinical consultant team, as well as grievance resolution finding.<br><br>The training also integrates the necessary clinical expertise in multiple areas of the process and where error may have occurred in the past and how to overcome this in the future. This outline |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | will also be followed by operational teams and case processors. The new workflows will be followed by the frontline staff, while the clinical staff is aware of this update they are able to proceed in their positions with their resources and medical expertise to confirm all appeals are reviewed by proper staff.<br><br>- An email (04/30/20) which includes a description of the MCP's monthly internal monitoring process. "A monthly internal monitoring platform has been established to review cases on an ongoing basis to ensure a complete investigation is conducted. Our monthly monitoring against this new process will begin 05/01/20 for grievances resolved in the preceding month".<br><br>**10/14/20** – The following |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | additional documentation submitted supports the MCP'' efforts to correct this deficiency:<br><br>- Checklist, "National Quality Assurance/Members Relations Grievances & Appeals/Medi-Cal Checklist Criteria", (01/01/20) criteria used to monitor on a monthly basis, a sample of Medi-Cal grievance & appeal cases to ensure that all issues are addressed and resolved in a member's grievance.<br><br>**This finding is closed.** |
| 4.1.2 – Grievance Resolution Criteria<br><br>The Plan denied clinical services that members requested through the grievance process without clearly stating the criteria, clinical guidelines or medical | To remediate this deficiency, the Plan has acquired access to the Milliman Care Guidelines (MCG), which will allow clinicians to more readily access clinical guidelines to aid in the review of grievances and appeals and help ensure medical necessity determinations are aligned with industry-wide medical | | March 31, 2020 | **04/23/20** – The following documentation supports the MCP's efforts to correct this deficiency:<br><br>-P&P 50-2M Grievance, Initial Determination, and Appeal Process for Resolution describes the criteria, clinical reasons, medical policies, and clinical judgment used for any |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| policies used in reaching the determination.<br><br>**Sacramento GMC** | standards. Use of the MCG will begin effective March 31, 2020. | | | denials of member requested services.<br><br>- An email (04/23/20) which states there were no updates to the P&P made as part of the CAP response. The training material is the primary resource.<br><br>- 2019 CA DHCS Audit CAP Training and Course Activity Report (03/2020) as evidence that the MCP is providing training for all California Member Relations staff who process Medi-Cal cases. The training identifies the case processing steps needed to ensure that the criteria, clinical guidelines, and medical policies used in the decision making process and ensures these are stated in the member resolution.<br><br>The training also integrates the necessary clinical expertise in multiple areas of the process and where error |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | may have occurred in the past and how to overcome this in the future. This outline will also be followed by operational teams and case processors. The new workflows will be followed by the frontline staff, while the clinical staff is aware of this update they are able to proceed in their positions with their resources and medical expertise to confirm all appeals are reviewed by proper staff.<br><br>The MCP has acquired access to the MCG Health software (effective March 31, 2020) which will allow clinicians to more readily access clinical guidelines to aid in the review of grievance and appeals to help ensure medical necessity determination are aligned with industry-wide medical standards. Additionally, this information will ensure the members have an |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | understanding of the reasons why they may or may not qualify for the service or item requested.<br><br>- An email (04/23/20) which includes a description of the MCP's monitoring review process. "Upon request, staff are required to provide members with a copy of all materials used in making a determination, including specific criteria, clinical guidelines and medical policies used when making a determination involving medical necessity. All member requests of this nature are documented in our system of record, so that they can be monitored as a part of daily operational oversight".<br><br>**This finding is closed.** |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| **5. Quality Management** | | | | |
| 5.1.1 - Quality Program Description<br><br>The written description of the Plan's Quality Improvement System did not include qualifications of staff responsible for quality improvement studies and activities, including education, experience and training.<br><br>**Sacramento GMC** | In the *Kaiser Foundation Health Plan 2020 Quality Program Description*, the Plan will add a section describing how members of the Northern California Quality Oversight Committee and its subcommittees include Physicians Leaders and Health Plan Leaders are appointed based on their official role in the organization.<br><br>All committee members are hired into their Regional or Service Area Leadership roles based on their demonstrated leadership abilities and their overall health care experience in clinical care, operations and quality. The physician members are regional medical directors for their service/specialty or are the Chairpersons of the peer group for their specialties or are the Physicians in Chief for their Service Areas. The Health Plan Leaders are senior executives and directors with operational | | The Plan will submit the final Quality Program Description to DHCS after review/approval by the Quality and Health Improvement Committee (QHIC) by July 2020. | **03/20/20-** The following documentation supports the MCP's efforts to correct this finding:<br><br>**-**MCP's Medi-Cal Meeting Minutes and state sponsored programs committee is evidence of oversight of GMC quality and Medi-Cal QU Studies that of which includes, Performance improvement Plans (PIPs) The MCP has amended documentation for Quality Program staff qualifications requiring staff to have a professional degree in nursing or other relation field, and training in quality/performance improvement that has been proven by certification or a degree in health care quality or equal experience, and proven the duty to show QU studies and activities.<br><br>The MCP also reported that a |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | and quality experience in their assigned areas. | | | page will be added to the GMC Medi-Cal Quality Oversight Committee Charter that will provide the qualifications of all the members of which are responsible for quality improvement studies, activities, including education, experience and training. The plan reported that the GMC MQOC Charter is an attachment to the Regional Quality Program Description. An additional sentence will also be added to the Quality Program Description (QPD), located under the section that outlines the GMC MQOC, stating that the qualifications of members of the Medi-Cal GMC MQOC can be found in the attached GMC MQOC Charter.<br><br>**08/31/20-** The following documentation supports the MCP's efforts to correct this finding: |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | An Email (08/31/20) which includes a draft of the MCP's e-approval for GMC Sacramento Medi-Cal Quality Committee Charter that will be submitted for review in fall to QOC and QHIC.<br><br>**09/02/20-** The following additional documentation supports the MCP's efforts to correct this finding:<br><br>- Meeting Minutes for San Diego Medi-Cal & State Programs Committee Charter in addition to supporting documentation that were reviewed including the job descriptions are evidence of the MCP's review of QIS.<br>In addition, QHIC approval is still pending overall approval for finalization of documents which is scheduled for completion by the end of the calendar year.<br><br>**09/25/20-** The following additional documentation |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | supports the MCP's efforts to correct this finding:<br><br>- The MCP's Quality Program Description has been amended to include: "Medi-Cal GMC Quality Program Staff Qualifications Sections" to affirm the MCP's promise of guaranteeing that staff responsible for quality improvement meet expectations for education, experience, and also training. In addition, staff responsible for quality improvement have professional degrees in areas such as nursing or other related fields, along with supportive education and training in quality and performance improvement which is shown by a certificate or degree in health care quality or similar, as well as being able to demonstrate such QI studies and activities.<br><br>- An email from the MCP confirms that the revised |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | charter was approved at the MCP Medi-Cal and State Programs committee meeting on May 7, 2020 and also the MCP Quality Committee.<br><br>**This finding is closed** |
| 5.1.1 - Quality Program Description<br><br>The written description of the Plan's QIS did not include qualifications of staff responsible for quality improvement studies and activities, including education, experience and training.<br><br>**San Diego GMC** | The Plan will add the following language to our SCAL Quality Program Description:<br><br>"All committee members are hired into their Regional or Medical Center Leadership roles based on their demonstrated leadership abilities and their overall health care experience in clinical care, operations and/or quality. The physician members are regional medical directors for their service/ specialty or are the Chairpersons of the peer group for their specialties or are the Physicians in Chief for their Medical Centers. The Health Plan Leaders are senior executives and directors with operational and quality | | The Plan will submit the final Quality Program Description to DHCS after review/ approval by the following committees:<br>• Southern California Quality Committee (SCQC) by May 31, 2020.<br>• Quality and Health Improvement Committee (QHIC) by July 31, 2020 | **03/20/20-** The following documentation supports the MCP's efforts to correct this finding:<br><br>**-**MCP's Medi-Cal Meeting Minutes and state sponsored programs committee is evidence of oversight of GMC quality and Medi-Cal QU Studies that of which includes, Performance improvement Plans (PIPs) The MCP has amended documentation for Quality Program staff qualifications requiring staff to have a professional degree in nursing or other relation field, and training in quality/performance improvement that has been |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | experience in their assigned areas.” | | | proven by certification or a degree in health care quality or equal experience, and proven the duty to show QU studies and activities.<br><br>The MCP also reported that a page will be added to the GMC Medi-Cal Quality Oversight Committee Charter that will provide the qualifications of all the members of which are responsible for quality improvement studies, activities, including education, experience and training. The plan reported that the GMC MQOC Charter is an attachment to the Regional Quality Program Description. An additional sentence will also be added to the Quality Program Description (QPD), located under the section that outlines the GMC MQOC, stating that the qualifications of members of the Medi-Cal GMC MQOC can be found in the attached GMC MQOC |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | Charter.<br><br>**08/31/20-** The following documentation supports the MCP's efforts to correct this finding:<br><br>An Email (08/31/20) which includes a draft of the MCP's e-approval for GMC Sacramento Medi-Cal Quality Committee Charter that will be submitted for review in fall to QOC and QHIC.<br><br>**09/02/20-** The following additional documentation supports the MCP's efforts to correct this finding:<br><br>- Meeting Minutes for San Diego Medi-Cal & State Programs Committee Charter in addition to supporting documentation that were reviewed including the job descriptions are evidence of the MCP's review of QIS.<br>In addition, QHIC approval is still pending overall approval |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | for finalization of documents which is scheduled for completion by the end of the calendar year.<br><br>**09/25/20-** The following additional documentation supports the MCP's efforts to correct this finding:<br><br>- The MCP's Quality Program Description has been amended to include: "Medi-Cal GMC Quality Program Staff Qualifications Sections" to affirm the MCP's promise of guaranteeing that staff responsible for quality improvement meet expectations for education, experience, and also training. In addition, staff responsible for quality improvement have professional degrees in areas such as nursing or other related fields, along with supportive education and training in quality and performance improvement which is shown by a certificate |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | or degree in health care quality or similar, as well as being able to demonstrate such QI studies and activities.<br><br>- An email from the MCP confirms that the revised charter was approved at the MCP Medi-Cal and State Programs committee meeting on May 7, 2020 and also the MCP Quality Committee.<br><br>**This finding is closed** |
| 5.1.2 Provider Manual<br><br>1. The Plan did not have a Provider Manual for its medical group that served as a provider resource for Medi-Cal managed care services, policies and procedures, regulations and special requirements. | 1. The Plan submitted a draft of the Medi-Cal Provider Manual to MCQMD on November 15, 2019. At the Plan's request, DHCS granted an extension to submit the final draft (attachment 5.1.5). The final draft was submitted to MCQMD on February 14, 2020. The manual is currently undergoing final internal | 1. 2020 KP Northern CA HMO Provider Manual and FW 5.1.5 Provider Manual | N/A | **02/14/20** – The MCP submitted following documentation to address this finding:<br><br>**<u>NCAL</u>**<br><br>**02/14/20** - The MCP submitted the 2020 TPMG Medi-Cal Provider Manual. (02/14/20) The Provider Manual contains the information regarding services, policies, procedures, regulation, telephone access and special requirements |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | review. — Enclosed with this CAP response is a second copy of the medical group provider manual which includes as requested by MCQMD, highlighted changes from the draft response that was submitted on November 15, 2019. | | | regarding the Medi-Cal Managed Care program, including appeals, grievances and state fair hearings.(Contract, Exhibit A, Attachment 7(4))<br><br>**08/25/19** – The following documentation supports the MCP's efforts to correct this finding: |
| 2. The Plan's 2019 TPMG Provider communication letter did not inform TPMG practitioners of Medi-Cal specific services, policies and procedures, statutes, regulations, telephone access, appeals and grievances, state fair hearings and special requirements regarding the Medi-Cal Managed | 2. In response to this finding, the Plan has developed a TPMG Provider Manual. As mentioned above, the final draft of the Provider Manual was submitted to DHCS on February 14, 2020 (attachment 5.1.5). Enclosed with this response, is a second copy of the manual (2020 KP Northern CA HMO Provider Manual). Going forward, the provider manual will be the primary vehicle for informing TPMG practitioners of Medi-Cal specific services. The TPMG provider communication letter will no | 2. Community Portal Posting of HMO Provider Manual | | In response to 2018 Medical Audit CAP, The MCP submitted written confirmation that "Medi-Cal Supplement Provider Manual" was posted to the Community Provider Portal as of 08/23/19. The MCQMD verified the posting of "Provider Manual Supplement for the KP Managed Medi-Cal Program" on 08/26/19. (http://providers.kaiserpermanente.org/nca/KPManagedMediCalProgram.html)<br><br>**This finding is closed.** |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| Care program. | longer include Medi-Cal specific content. | | | |
| 3. The Plan's 2019 Northern California HMO Provider Manual for non-Kaiser doctors who contracted with the Plan did not comprehensively inform HMO providers about Medi-Cal managed care services, policies and procedures, regulations and special requirements. | 3. The 2019 Northern California HMO Provider Manual for Contracted Providers was posted (Refer to attached Medi-Cal Supplement) to the NCAL Community Provider Portal on August 23, 2019 as agreed upon during the 2018 Audit CAP submission. DHCS was notified on August 25, 2019 that the manual was posted to the Community Provider Portal (Attachment: community portal posting). | 3. FW 5.1.5 Provider Manual | | |
| 4. In response to last year's DHCS audit finding that the Plan did not have a Provider Manual, the Plan responded that a manual was in process of | 4. During the 2019 DHCS audit, the Plan was in the process of developing the final draft of the TPMG Provider Manual and therefore did not have a draft to submit during the 2019 audit. A final draft was submitted to DHCS on | | | |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| development. The Plan, however, did not produce a draft manual during the current audit. Without a comprehensive resource and updates containing information about Medi-Cal specific policies, procedures, requirements, and benefits, TPMG practitioners may be misinformed and may not provide members with medically necessary covered services. | February 14, 2020. Attached as evidence (5.1.5 Provider Manual) is a copy of the email reflecting submission to DHCS. | | | |
| 5.1.2 - Provider Manual<br><br>The Plan did not have a Provider Manual for Plan medical group healthcare practitioners. | The final draft version of the SCAL Medi-Cal Provider Manual was submitted to MCQMD on February 14, 2020. The manual is currently undergoing review. | 5.1.2 2020 KPSC Medi-Cal Provider Manual_Final 02.14.2020 | Publish SCAL Medi-Cal Provider Manual by June 30, 2020 | **02/14/20** – The MCP submitted following documentation to address this finding:<br><br>**SCAL**<br><br>**02/17/20** - The MCP |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| **San Diego GMC** | | | | submitted a final draft of 2019 KPSC Medi-Cal Provider Manual.(02/14/20 v.1) The Provider Manual contains the information regarding services, policies, procedures, regulation, telephone access and special requirements regarding the Medi-Cal Managed Care program, including appeals, grievances and state fair hearings.(Contract, Exhibit A, Attachment 7(4))<br><br>The MCP commits to publish SCAL Medi-Cal Provider Manual by June 30, 2020<br><br>**This finding is closed.** |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| 5.2.1 - Training for Newly Contracted Non-Physician Providers<br><br>The Plan did not ensure Medi-Cal training was conducted for new non-physician providers within 10 working days of active status with the Plan.<br><br>**Sacramento GMC** | Attached is a table of our Medi-Cal 101 Training Completion Rates from January 2019 to January 2020. In January 2019 our completion rates in 10 business days were 56% in Sacramento and 53% in San Diego. In January 2020, both Sacramento and San Diego had 100% completion in 10 business days.<br><br>In the last year, we have increased our outreach to managers in order to achieve 100%. Here is the history of the changes to our outreach:<br><br>1. Refer to the 2018 mitigation response files for initial actions taken. | CAP 5.2.1 Supplemental Document - Medi-Cal 101 Training Results as of 02 13 2020<br><br>1. CAP 5.2.1 Supplemental Document 1 - Final Non-Physician Provider Training Mitigation Statement 201805 (1 document with 4 | | **02/21/20** – The following documentation supports the MCP's efforts to correct this finding:<br><br>- Medi-Cal training results "Kaiser Permanente Medi-Cal 101 Training Completion Rates" as evidence of the MCP's compliance with training for newly contracted non-physician providers within 10 working days of active status with the Plan. (02/13/20)<br><br>- "CAP 5.2.1 Supplemental Document" files 1 through11 demonstrate MCP's follow up process with all newly contracted providers; ensuring that all newly contracted non-physician providers take the training within 10 working days after being placed on active status. (Contract, Exhibit A, Attachment 7 (5) (A))<br><br>**This finding is closed.** |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | referenced attachments) | | |
| | 2. Increased manager emails from once a week to 3 times a week. Emails are sent to manager/supervisor of employee.<br>3. Increased manager emails from 3 times a week to 5 emails a week. | 2 and 3. CAP 5.2.1 Supplemental Document 2 and 3 - Sample Manager Reminder Email 201906 | 2. May 1, 2019<br>3. May 28, 2019 | |
| | 4. Implemented escalation emails to employee's 2nd level manager for managers/ supervisors that have three or more direct reports that have not completed the compliance training. | 4. CAP 5.2.1 Supplemental Document 4 - Email for 3+ Non-Compliant MCAL 101 | 4. June 18, 2019 | |
| | 5. Increased employee reminders from 4 times to 6 times during the 10 working day time frame. | 5. CAP 5.2.1 Supplemental Document 1 - Attachment - KP Learn Automated Reminders | 5. July 8, 2019 | |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | 6. Implemented Overdue email to managers/supervisors for all overdue employees. Sent 3 times a week.<br>7. Increased Overdue email to 5 times a week.<br><br>8. Updated weekly escalation email to employee's 2nd level manager for managers/supervisors from 06/18/2019 (item 4) to be sent for each employee that is overdue.<br><br>9. Implemented private message via Microsoft Teams to remind the manager that their staff have not completed the training once a week on day 9.<br><br>10. Increased private message via Microsoft Teams to remind the manager that their staff have not | 6. CAP 5.2.1 Supplemental Document 6 and<br>7. Overdue Manager Email<br><br>8. CAP 5.2.1 Supplemental Document 8 - Overdue Escalation Email<br><br>9, 10 and 11. CAP 5.2.1 Supplemental Document 9, 10 and 11 - Teams Message Reminder | 6. July 19, 2019<br>7. September 9, 2019<br><br>8. September 30, 2019<br><br>9. August 23, 2019<br><br>10. December 17, 2019 | |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | completed the training twice a week on day 7 and day 9.<br>11. Increased private message via Microsoft Teams to remind the manager that their staff have not completed the training on day 7, 8, 9 and day 10. On days 9 and 10, change the message text to escalate the importance of a response. | 11. CAP 5.2.1 Supplemental Document 11 - Teams Message Reminder Escalation | 11. February 5, 2020 | |
| 5.2.1 - Training for Newly Contracted Non-Physician Providers<br><br>The Plan did not ensure Medi-Cal training was conducted for new non-physician providers within 10 working days of active status with the Plan.<br><br>**San Diego GMC** | Attached is a table of our Medi-Cal 101 Training Completion Rates from January 2019 to January 2020. In January 2019 our completion rates in 10 business days were 56% in Sacramento and 53% in San Diego. In January 2020, both Sacramento and San Diego had 100% completion in 10 business days.<br><br>In the last year, we have increased our outreach to managers in order to achieve 100%. Here is the history of the changes to our outreach: | CAP 5.2.1 Supplemental Document - Medi-Cal 101 Training Results as of 02 13 2020 | | **02/21/20** – The following documentation supports the MCP's efforts to correct this finding:<br><br>- Medi-Cal training results "Kaiser Permanente Medi-Cal 101 Training Completion Rates" as evidence of the MCP's compliance with training for newly contracted non-physician providers within 10 working days of active status with the Plan. (02/13/20)<br><br>- "CAP 5.2.1 Supplemental |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | 1. Refer to the 2018 mitigation response files for initial actions taken.<br><br>2. Increased manager emails from once a week to 3 times a week. Emails are sent to manager/supervisor of employee.<br>3. Increased manager emails from 3 times a week to 5 emails a week.<br><br>4. Implemented escalation emails to employee's 2nd level manager for managers/ supervisors that have three or more direct | 1. CAP 5.2.1 Supplemental Document 1 - Final Non-Physician Provider Training Mitigation Statement 201805 (1 document with 4 referenced attachments)<br><br>2 and 3. CAP 5.2.1 Supplemental Document 2 and 3 - Sample Manager Reminder Email 201906<br><br>4. CAP 5.2.1 Supplemental Document 4 - Email for 3+ Non- | 2. May 1, 2019<br><br>3. May 28, 2019<br><br>4. June 18, 2019 | Document" files 1 through11 demonstrate MCP's follow up process with all newly contracted providers; ensuring that all newly contracted non-physician providers take the training within 10 working days after being placed on active status. (Contract, Exhibit A, Attachment 7 (5) (A))<br><br>**This finding is closed.** |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | reports that have not completed the compliance training. | Compliant MCAL 101 | | |
| | 5. Increased employee reminders from 4 times to 6 times during the 10 working day time frame. | 5. CAP 5.2.1 Supplemental Document 1 - Attachment - KP Learn Automated Reminders | 5. July 8, 2019 | |
| | 6. Implemented Overdue email to managers/supervisors for all overdue employees. Sent 3 times a week. | 6. CAP 5.2.1 Supplemental Document 6 and | 6. July 19, 2019 | |
| | 7. Increased Overdue email to 5 times a week. | 7. Overdue Manager Email | 7. September 9, 2019 | |
| | 8. Updated weekly escalation email to employee's 2nd level manager for managers/supervisors from 06/18/2019 (item 4) to be sent for each employee that is overdue. | 8. CAP 5.2.1 Supplemental Document 8 - Overdue Escalation Email | 8. September 30, 2019 | |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | 9. Implemented private message via Microsoft Teams to remind the manager that their staff have not completed the training once a week on day 9.<br><br>10. Increased private message via Microsoft Teams to remind the manager that their staff have not completed the training twice a week on day 7 and day 9.<br><br>11. Increased private message via Microsoft Teams to remind the manager that their staff have not completed the training on day 7, 8, 9 and day 10. On days 9 and 10, change the message text to escalate the importance of a response. | 9, 10 and 11. CAP 5.2.1 Supplemental Document 9, 10 and 11 - Teams Message Reminder<br><br>11. CAP 5.2.1 Supplemental Document 11 - Teams Message Reminder Escalation | 9. August 23, 2019<br><br>10. December 17, 2019<br><br>11. February 5, 2020 | |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| 5.2.2 - Training Material for Newly Contracted Physician Providers<br><br>The Plan did not ensure Medi-Cal training for new physician providers contained all required training material as required by the Contract.<br><br>**Sacramento GMC** | The Plan will update the Medi-Cal training content for new physician providers to contain all required training elements (e.g. Member Rights, member's right to request a state fair hearing, etc.) as stipulated by the contract. | | The Plan will submit a final training deck with updated training content to DHCS by April 30, 2020.<br><br>Following stakeholder review, approval and system testing, the revised training material will be deployed to newly contracted physician providers in May 2020. | **08/21/20** – The following documentation supports the MCP's efforts to correct this finding:<br><br>- MCP's written response (08/21/20) includes Project Timeline/Milestones for New MD Training Content Deployment:<br>• Training content vetted with accountable stakeholders and approved – Completed August 11, 2020<br>• Systems Team to configure and test new training content – Due September 28, 2020<br>• Full deployment of new training content to newly hired physicians – Due September 30, 2020<br><br>**09/30/20** – The MCP confirmed full deployment of the updated provider training.<br><br>- Updated training material "TPMG Physician Training 2020" Redline (V2) covers |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | Member Rights and Responsibilities section. (Page10 & 11) Additionally, "2020 Northern California Medi-Cal Provider Manual Kaiser Foundation Health Plan, Inc." has further information on state hearing/expedited fair hearing. (Page 59)<br><br>**This findings is closed.** |
| **6. Administrative and Organizational Capacity** | | | | |
| 6.2.1 - Preliminary Investigation<br><br>The Plan did not report to DHCS the results of a preliminary investigation of suspected Fraud and/or Abuse cases within 10 working days of discovery.<br><br>**Sacramento and San Diego GMC** | To address this deficiency, direction was provided to National Special Investigations Unit (NSIU) staff on January 27, 2020. Staff were advised to complete preliminary investigations to the extent possible given the reporting requirement to report results of preliminary investigations to DHCS within 10 working days of discovery utilizing the MC609. | Submission of MC609s to DHCS (California Only) | January 27, 2020 | **02/21/20** – The following documentation supports the MCP's efforts to correct this finding:<br><br>- A written response (01-27-20) from the MCP to its National Special Investigations Unit clarifying the reporting requirement. A preliminary investigation reporting is to be reported within 10 days to the extent possible.<br><br>**03/03/20** - The MCP's response to monitoring efforts: |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | "Since 1/1/2020, 11 Initial MC609s have been submitted to DHCS, all within the required 10-day reporting timeframe. The 11 MC609s outlined the preliminary investigation conducted as of the date of the referral. Final MC609s will be submitted to DHCS upon completion of the investigation and will summarize the investigative findings.<br><br>The Director has been monitoring the new process by reviewing every Initial MC609 at the time of submission. She has also been providing periodic reminders (email and team calls) to NSIU to ensure preliminary investigations are completed to the extent possible given the 10-day reporting deadline, when submitting the MC609.<br><br>The Plan will demonstrate that the CAP is successful by |

| Deficiency Number and Finding | Action Taken | Supporting Documentation | Implementation Date* (*Short-Term, Long-Term) | DHCS Comments |
|---|---|---|---|---|
| | | | | continued monitoring to ensure preliminary investigations are completed in a timely manner."<br><br>**This finding is closed.** |

**Submitted by: Tiffany Weisberg** **Date: February 21, 2020**

**Title: Manager, Medi-Cal & State Sponsored Program**